

BEST AVAILABLE COPY

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-879)**

SECRET

09/531 917

FILING CASE

ANTICANTER

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	NO.	DO.	NO.	DO.	NO.	DO.
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TOTAL NO.						
TOTAL DO.						

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